

DACS

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)



		Application Number	09/474,032
		Filing Date	12/28/1999
		First Named Inventor	Xiaolin Lu
		Group Art Unit	2697
		Examiner Name	Ha, Yvonne Quy M.
Total Number of Pages in this Submission		14	Attorney Docket Number
			113314

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JAN 31 2005

OFFICE OF PETITIONS**Enclosures (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman	<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Additional enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Certified Copy of Priority Document(s)	Request for Continued Examination	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks Petition for Revival under 37 C.F.R. § 1.137 (b); filed together with RCE and reply	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

Customer Number - 26652

or Correspondence address below

NAME	Samuel H. Dworetzky				
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CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	01/20/2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 01/20/2005

Type or Printed Name	Robert T. Canavan		
Signature		Date	01/20/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450